The Decades of Evidence That Antidepressants Cause Mass Shootings

As we have seen with the vaccines, almost no social cost can keep a lucrative pharmaceutical off the market.

A MIDWESTERN DOCTOR
MAR 29, 2023

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Note: This original version of this article (which has been revised and updated) was published a year ago, but sadly is just as pertinent now as it was then. Each time one of these shootings happen, I watch people get up in arms over what needs to be done to stop murdering our children, but at the same time this, the elephant in the room, ***the clear and irrefutable*** *evidence linking psychiatric medications to homicidal violence is never discussed (which I believe is due their sales making approximately 40 billion dollars a year).*

Many of the stories in here are quite heart wrenching, and I humbly request that you make the effort to bear witness to these tragic events.

Prior to the Covid vaccinations, psychiatric medications were the mass-prescribed medication that had the worst risk-to-benefit ratio on the market. In addition to rarely providing benefits to patients, there is a wide range of severe complications that commonly result from psychiatric medications. Likewise, I and many colleagues believe the widespread adoption of psychotropic drugs has distorted the cognition of the demographic of the country which frequently utilizes them (which to some extent stratifies by political orientation) and has created a wide range of detrimental shifts in our society.

Selective serotonin reuptake inhibitors (SSRIs) have a similar primary mechanism of action to cocaine. SSRIs block the reuptake of Serotonin, SNRIs, also commonly prescribed block the reuptake of Serotonin and Norepinephrine (henceforth "SSRI refers to both SSRI and SNRI), and Cocaine blocks the reuptake of Serotonin, Norepinephrine, and Dopamine. SSRIs (and SNRIs) were originally used as anti-depressants, then gradually had their use marketed into other areas and along the way have amassed a massive body count.

Once the first SSRI entered the market in 1988, Prozac quickly distinguished itself as a particularly dangerous medication and after nine years, the FDA received 39,000 adverse event reports for Prozac, a number far greater than for any other drug. This included hundreds of suicides, **atrocious violent crimes**, hostility and aggression, psychosis, confusion, distorted thinking, convulsions, amnesia, and sexual dysfunction (long-term or permanent sexual dysfunction is one of the most commonly reported side effects from anti-depressants, which is ironic given that the medication is supposed to make you less, not more depressed).

SSRI homicides are common, and a website exists that has compiled **thousands upon thousands** of documented occurrences. As far as I know (*there are most likely a few exceptions*), in all cases where a mass school shooting has happened, and it was possible to know the medical history of the shooter, the shooter was taking a psychiatric medication that was known for causing these behavioral changes. After each mass shooting, memes illustrating this topic typically circulate online, and the recent events in Texas [this article was written shortly after the shooting last year] are no exception. I found one of these and made an updates version of it (the one I originally used contained some inaccuracies)

Since Prozac entered the market, there have been many horrific suicides, murders, and massacres. Many have reported sudden homicidal thoughts and hallucinations or out-of-body events that detach them from reality. Lawsuits showed the manufacturers knew all of this from their trials. The media used to report on a shooter's medication usage. Now it doesn't, and there are likely many more of these shootings.

Oftentimes, "SSRIs cause mass shootings" is treated as just another crazy conspiracy theory. However, much in the same way the claim "COVID Vaccines are NOT safe and effective" is

typically written off as a conspiracy theory, if you go past these labels and dig into the actual data, an abundantly clear and highly concerning picture emerges.

There are many serious issues with psychiatric medications. For brevity, this article will exclusively focus on their tendency to cause horrific violent crimes. This was known long before they entered the market by both the drug companies and the FDA. While there is a large amount of evidence for this correlation, it is the one topic that is never up for debate when a mass shooting occurs. I have a lot of flexibility to discuss highly controversial topics with my colleagues, but this topic is met with so much hostility that I can never bring it up. It is, for this reason, I am immensely grateful to have an anonymous forum I can use.

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A significant portion of this article came from the book *Deadly Psychiatry and Organized Denial* by Peter C. Gøtzsche. For those of you interested in learning more about this topic, I would strongly advise reading that book, as I can only scratch the surface of the issue with these medications within this brief article.

Note: *When the work of Gøtzsche or another author is directly quoted, those quotations may include my own minor changes to improve the wording.*

Lastly, for anyone who reads this article that is presently taking any SSRI or SNRI, **it is critically important to NOT suddenly stop taking them**. These addictive drugs produce very strong withdrawal symptoms, and there are many cases of catastrophic events that followed the abrupt discontinuation of an SSRI. If this is something you ever wish to do, you need to gradually taper down the dosage with a physician who has experience in this area.

Amos 2 hr ago

Holy crap! I was on Paxil for a couple years, then Effexor for ten. If I had known how hard it was to come off, I never would have started. I had to keep a few pills at work in case I forgot to take it before I left home. Sometimes I ran out, and I would go to the pharmacy near my house work and they'd give me one pill to get by. Otherwise I would not have been able to even drive home.

When I decided to stop, by dr said I would have to go down to 37.5 mg and then stop. It was hell. I couldn't do it! It was like I couldn't string together 2 neurons to form a thought. Hell. And my dr suggested this was just in my head. Are doctors so brainwashed by pharma reps?!?

I was also not allowed to call it withdrawal. My dr always corrected me. "Discontinuation."

Eventually I found an on-line chat room for getting off Effexor, where I learned the trick. You can open the capsules and take out some of the beads, to fine-tune the dose and make the decrease more gradual. Thank god. I shared this with my dr and he was utterly shocked to hear of such a thing.

I feel it's a form of malpractice to start people on these drugs without clearly explaining how difficult it will be to come off.

These drugs should also never be prescribed to someone with bipolar, but my dr never asked me about that, or took a mental health family history. I don't think many PCPs do this, and yet it is a known risk that SSRIs will set off a manic episode in someone with bipolar. I've seen it happen to someone close to me.

Note: I have received many similar comments from readers.

Akathisia

One of my relatives grew up in a big city during a particularly bad crime wave. One of his most notable memories from the time was looking up and seeing a man who was screaming "the ants are trying to get me" frantically tying bedsheets together (so he could flee down the fire escape) as armed men were rushing to his location yelling "get that mother******." My relative ran out of the area to avoid getting shot, but from the brief look he had at the fleeing man, was almost certain that man was high on cocaine. Coke (or crack) bugs, one form of Akathisia are a well-documented phenomenon (and like many of you I have seen my fair share of cases where this happened).

Akathisia, an extreme form of restlessness is defined as a psycho-motor disorder where it is extremely difficult to stay still. What this definition omits to mention is that akathisia is

incredibly unpleasant to the degree that many individuals who experience it frequently commit suicide or homicide (or both). One of the earliest reports from patients with drug-induced akathisia was: “They reported increased feelings of strangeness, verbalized by statements such as ‘I don’t feel myself or ‘I’m afraid of some of the unusual impulses I have.’”

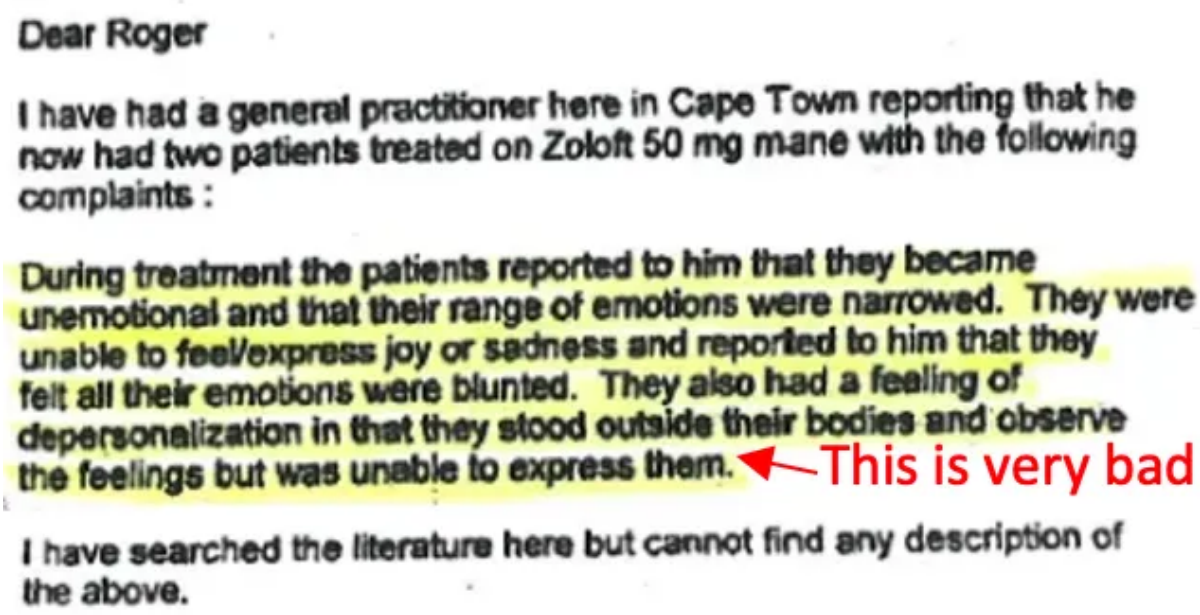
Akathisia is much more common than most people realize. To share a personal anecdote: I occasionally discuss this topic with medical students and a few medical students have confided they previously experienced akathisia after using a psychiatric medication and it was so excruciating that one told me they seriously contemplated suicide at the time.

Akathisia (and psychosis) are known side effects of cocaine, methamphetamine, SSRIs, antipsychotics, and ADHD stimulant medications. However, while the common triggers have been identified, the actual mechanism for akathisia is still poorly understood and theorized to result from alterations in the center of the brain involved in movement. These behavioral changes are so unusual and disturbing there are often simply described as the individual appearing to be possessed.

From my own exploration of this topic, I have noticed that some individuals with cocaine intoxication (I have not yet examined a patient on the other drugs experiencing akathisia) have a characteristic (often porous) perturbation in their bio-electric field, which while very complex to describe, does resemble “frantic ants running all over the body,” and in theory could explain part of the akathisia experience.

As this idea is contained within a medical model most healthcare practitioners do not ascribe to, it has been difficult for me to evaluate the validity of this hypothesis. I have met a few other colleagues who made the identical observation, so this is a periodic topic of discussion amongst us as we believe there is significant value in developing a model that can explain this puzzling condition.

To further illustrate how perplexing the behaviors observed are on SSRIs consider this correspondence from a clinical investigator to Pfizer:



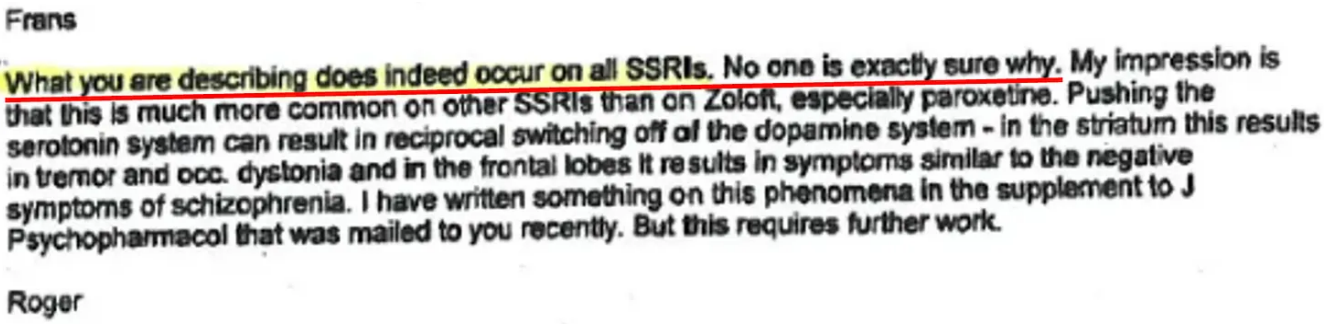
Dear Roger

I have had a general practitioner here in Cape Town reporting that he now had two patients treated on Zoloft 50 mg mane with the following complaints :

During treatment the patients reported to him that they became unemotional and that their range of emotions were narrowed. They were unable to feel/express joy or sadness and reported to him that they felt all their emotions were blunted. They also had a feeling of depersonalization in that they stood outside their bodies and observe the feelings but was unable to express them. ← This is very bad

I have searched the literature here but cannot find any description of the above.

More importantly, consider Pfizer's response:



Frans

What you are describing does indeed occur on all SSRIs. No one is exactly sure why. My impression is that this is much more common on other SSRIs than on Zoloft, especially paroxetine. Pushing the serotonin system can result in reciprocal switching off of the dopamine system - in the striatum this results in tremor and occ. dystonia and in the frontal lobes it results in symptoms similar to the negative symptoms of schizophrenia. I have written something on this phenomena in the supplement to J Psychopharmacol that was mailed to you recently. But this requires further work.

Roger

Akathisia Homicides:

This section will list some of the evidence substantiating the link between psychiatric medications and horrific homicides. When you review this type of information, it is very easy to intellectually disassociate from what's contained within it. For that reason, I would like to request you first watch this two-minute video of one father who has to live with knowing he killed his child he still loves from the bottom of his heart. He was ultimately not criminally convicted, however, **most individuals in these circumstances typically are**.

Note: I have heard many similar stories from readers in comments here and on Twitter.

Much like the vaccine industry, the psychiatric industry will always try to absolve their dangerous medications of responsibility and will aggressively gaslight their victims. Despite these criticisms,there are three facts can be consistently found throughout the literature on akathisia homicides which Gøtzsche argues irrefutably implicate psychiatric medications as the cause of violent homicides:

> • These violent events occur in people of all ages, who by all objective and subjective measures were completely normal before the act and where no precipitating factors besides the psychiatric medication could be identified.
> • The events were preceded by clear symptoms of akathisia.
> • The violent offenders returned to their normal personality when they came off the antidepressant.

Numerous cases where this has happened are summarized within this article from the Palm Beach Post. In most of those cases, a common trend of these spontaneous acts of violence emerges: the act of violence was immediately preceded by a significant change in the psychiatric medications used by the individual. In one case, shortly before committing one of

these murders, one of the perpetrators also wrote on a blog that, while taking Prozac, he felt as if he was observing himself "from above."

Individuals with a mutation in the gene that metabolizes psychiatric drugs are much more vulnerable to developing excessive levels of these drugs and triggering severe symptoms such as akathisia and psychosis. There is a good case to be made that individuals with this gene are responsible for many of the horrific acts of iatrogenic (medically induced) violence that occur, however to my knowledge, this is never considered when psychiatric medications are prescribed. Gøtzsche summarized a peer-reviewed forensic investigation of 10 cases where this happened (all but one of these involved an SSRI or an SNRI):

> Male, 18 years, Prozac, sister was comatose after a car crash, violent akathisia for 14 days, killed his father four days after he ran out of pills.
>
> Male, 35 years, Paxil, distressed by “on and off” relationship with mother of his child, stabbed former partner 30+ times to death after 11 weeks of akathisia.
>
> Male, 46 years, Paxil, anxiety about not making enough money to support the family, killed his son in a manic-shift akathisia and delirium after 42 days.
>
> Male, 16 years, Zoloft and Prozac, depressed, struggled at school, and the girlfriend left him, attempted suicide on both drugs, killed therapist in hospital after 11 weeks.
>
> Male, 50 years, Effexor, distress over divorce, shot a stranger four days after stopping drug.
>
> Female, 35 years, nortriptyline, distress due to husband’s drinking, killed teenage daughter in toxic delirium after three days.
>
> Male, 24 years, Lexapro, anxiety and illicit substance use, several suicide attempts and assaults, nearly killed partner, 12 years in jail for attempted murder.
>
> Female, 26 years, several SSRIs, difficulties with in-laws, two attempts to kill her two children.
>
> Female, 52 years, Paxil and Celexa, harassment at work, suicide attempt and tried to kill her two children.
>
> Female, 25 years, Celexa and Effexor, marital distress, several suicide attempts on both drugs, jumped in front of a train with her child while on citalopram.

There are many other sad cases of akathisia homicides. One detailed by Gøtzsche is representative of the pharmaceutical injuries gaslighted psychiatric patients often experience. When reviewing the story, keep in mind that the FDA insert explicitly lists the following as side effects of Effexor (an SNRI): intentional injury, malaise, suicide attempt, depersonalization, abnormal thinking, akathisia, apathy, ataxia, CNS stimulation, emotional lability, hostility, manic reaction, psychosis, suicidal ideation, abnormal behavior, adjustment disorder (which became a psychiatric diagnosis for her, although it was a side effect), akinesia, increased energy, homicidal ideation, and impulse control difficulties.

> A 26-year-old woman tried to kill her two children on two occasions. She was prescribed Paxil for stress but experienced an episode of rage and attempted suicide by inhalation of carbon monoxide, and then stopped taking the drug. Despite this, **she was prescribed Paxil again and reassured about its safety** two years later. This time she experienced intense restlessness, surges of rage and anger, panic attacks, impulsive spending sprees, and constant suicidal ideation. She reasoned that her low self-esteem, insomnia, and suicidal behavior were due to difficulties with her in-laws. She overdosed and was **admitted to the hospital where her Paxil was increased**. She tried to kill herself again and was diagnosed with an "adjustment disorder."
>
> She was switched to Effexor, which was increased over three months until the dose was eight times higher than the initial dose. Each dose increase occasioned a week spent in bed with exhaustion, as she was unable to get up (akinesia). Her mental state deteriorated and violent outbursts and suicidal ideation became frequent and severe. Unable to stay in one place, she drove several hundred miles with her children and tried to kill them and herself by car exhaust. A few days later she tried to kill her children and herself again.

Evidence for SSRI Suicides

Violent psychotic reactions from SSRIs can manifest as both suicides and homicides. There is extensive documentation to support the occurrence of SSRI suicides, and while the psychiatric profession still uses an endless litany of excuses to deny this happens, many antidepressants now have a black box warning from the FDA for the occurrence of suicide. The side effects were definitively known to result from SSRIs as far back as their early clinical trials (which were of course hidden from everyone) and a mountain of evidence proving this regularly occurs has accumulated since these drugs entered the market.

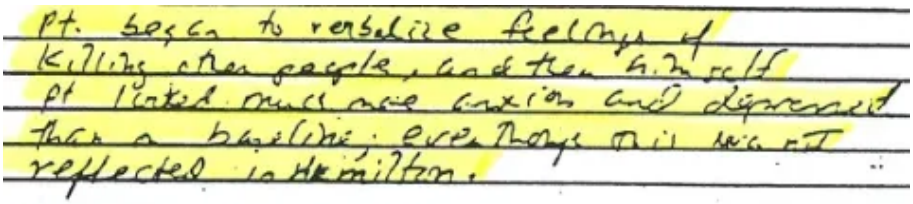
There are a large number of studies showing the link between SSRIs and suicide (especially those kept secret by the pharmaceutical industry). These will not be discussed as they are not the main focus of this article, but to provide some context on the issue, I will briefly discuss a microscopic and macroscopic study examining this picture. First to quote this peer-reviewed case series's abstract:

"*Six depressed patients free of recent serious suicidal ideation developed intense, violent suicidal preoccupation after 2-7 weeks of fluoxetine treatment. This state persisted for as little as 3 days to as long as 3 months after discontinuation of fluoxetine. None of these patients had ever experienced a similar state during treatment with any other psychotropic drug.*"

Second, the CDC has a system for reporting violent deaths that have occurred, and one subset of those deaths are suicides (which may be associated with a homicide or a concurrent suicide). 3616 of these deaths were evaluated for the presence of an antidepressant, and 35.3% tested positive for one at the time of their death. A large number of individual mood-altering substances were tested for, and the only one that had a higher positive test rate than the antidepressants was alcohol (38.2%), although only 26.9% of those tested had enough alcohol present to be considered legally drunk. In the general population, between 11-13.2% of adults use antidepressants, which suggests there is a note-worthy correlation here.

Evidence for Akathisia Homicides:

Most of the placebo-controlled data which is available showing the instances of homicidal behavior after taking an SSRI is available because of court orders from lawsuits where someone sued an SSRI manufacturer for their actions while on the SSRI. Consider for example this report from one clinical trial:


Pt. began to verbalize feelings of killing other people, and then himself. Pt. [illegible] much more anxious and depressed than baseline; even though this is not reflected in [illegible] Hamilton.

[*Pt. began to verbalize feelings of killing other people and then himself. Pt. ..... much more anxious and depressed than baseline; even though this is not reflected in .....* —I could not make out the … parts.]

When you consider these figures, it is important to remember that while a 0.1% death rate for a drug is tragic (but typically deemed acceptable within medicine), it is incomparable in consequence to a 0.1% homicide rate for a drug.

As millions of children are given SSRIs, even numbers that small mean homicides will regularly occur. I can't even guess how low a risk would constitute an acceptable threshold, but for the sake of conveying other points in this section, I will describe it as 0.1%. In reality, any elevated risk in this regard should be viewed as unacceptable without any exceptions. I am emphasizing this point because I have never seen it considered by proponents of psychotropic drugs.

An excellent paper reviews private pharmaceutical research made public through litigation. The paper discusses internal company documents that compared 9219 research subjects (many of whom had pre-existing psychiatric diagnoses) that received Paxil, to 6455 research subjects (also with pre-existing psychiatric conditions) that received a placebo, 0.65% of the patients in clinical trials became hostile on Paxil compared with 0.31% on placebo. The highest risk for hostility on Paxil was for those who also had Obsessive Compulsive Disorder. *(0.34% is more than the 0.1% threshold)*

The authors of this paper hypothesized that the violent actions following the usage of SSRIs may be explained by their tendency to trigger akathisia, emotional blunting, and manic or psychotic reactions. I will quote a few select passages from that paper:

> In healthy volunteer studies, hostile events occurred in three of 271 (1.1%) volunteers taking Paxil, compared with zero in 138 taking placebo." (1.1% is more than 0.1%).
>
> In data from sertraline pediatric trials submitted by Pfizer, aggression was the most common cause for discontinuation [removal from the trial] from the two Zoloft placebo-controlled trials in depressed children. In these trials, eight of 189 patients randomized to Zoloft were discontinued for aggression, agitation, or hyperkinesis (another term for akathisia frequently used to conceal it), compared with discontinuations for these reasons in the 184 patients on placebo…When discontinuations for any manifestation of treatment induced activation (suicidal ideation or attempts, aggression, agitation, hyperkinesis, or aggravated depression) were considered, there were 15 discontinuations on Zoloft compared with two on placebo, which meant this was 7.3 times more likely to happen when on sertraline." (8.9% is more that 0.1%., 7.3 times more likely likewise is also unacceptable).

> In pediatric trials of Effexor, two percent of children dropped out because of hostility, more than double the rate of dropout on placebo.
>
> After a program on Paxil in 2002, the producers of the BBC television programme Panorama received 1,374 e-mails from viewers, mostly patients. Researchers then analyzed the full set of these responses. Many respondents linked emotional storms and thoughts and acts of violence or self-harm to Paxil, both to starting drug treatment and to dosage change.
>
> These were not simple anecdotal reports, in that the analysis clearly pointed to a linkage with dosage. Second, they were self-reports of violence from patients with no apparent background of violent behavior. Third, the analysis was consistent with an analysis of reports of thoughts and acts of violence or self-harm on paroxetine that doctors had sent to the MHRA (England's FDA) about other patients between 1991 and 2002.
>
> In both patient and medical reports, severe mood changes were commonly associated with changes of drug dosage during the first week of treatment, with later dosage increase, or with dosage decrease or drug withdrawal. The accounts reported in both the medical and the patient series had much in common, including time frame and a linkage to dosage.

Gøtzsche likewise has located less biased sources of data on the violent risks of SSRIs:

> As the published trial literature related to suicidality and aggression on antidepressants is unreliable, we looked at 64,381 pages of clinical study reports (70 trials) we got from the European Medicines Agency. We showed for the first time that SSRIs in comparison with placebo increase aggression in children and adolescents, odds ratio 2.79 (95% CI 1.62 to 4.81) (2). This is an important finding considering the many school shootings where the killers were on SSRIs.
>
> In a systematic review of placebo-controlled trials in adult healthy volunteers, we showed that antidepressants double the occurrence of events that the FDA has defined as possible precursors to suicide and violence, odds ratio 1.85 (95% CI 1.11 to 3.08)(3). The number needed to treat to harm one healthy adult person was only 16 (95% CI 8 to 100).
>
> Based on the clinical study reports, we showed that adverse effects that increase the risk of suicide and violence were 4-5 times more common with duloxetine than with placebo in

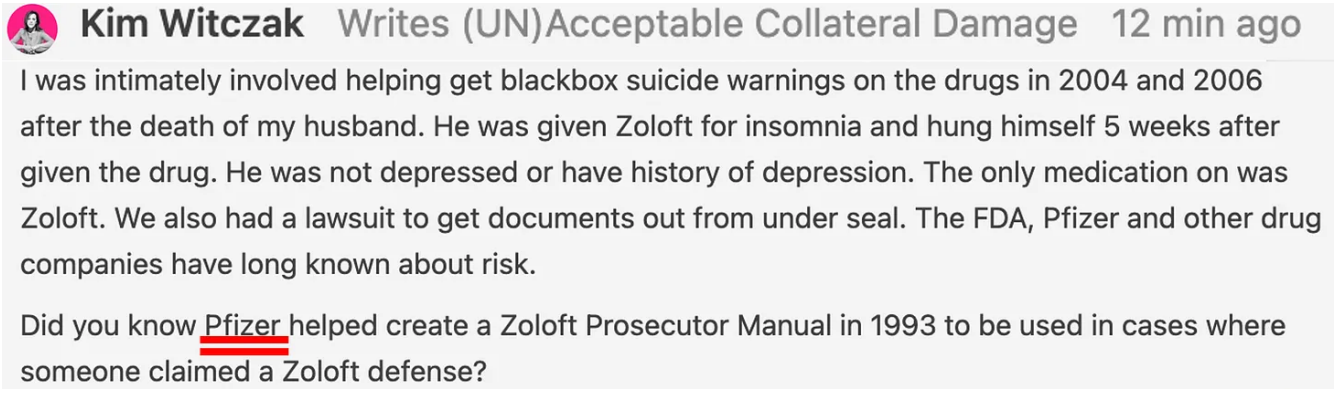
> trials in middle-aged women with stress urinary incontinence. There were also more women on duloxetine who experienced a core or potential psychotic event, relative risk RR 2.25 (95% CI 1.06 to 4.81). The number needed to harm was only seven. It would have been quite impossible to demonstrate how dangerous duloxetine is, if we had only had access to published research. In accordance with our findings, the FDA has previously announced that women who were treated with duloxetine for incontinence in the open-label extension phase of the clinical studies had 2.6 times more suicide attempts than other women of the same age.

Gøtzsche has also reviewed some of the key legal cases regarding SSRIs:

> Akathisia homicides have been defended as instances of involuntary intoxication both with and without genetic evidence, and some people have succeeded in receiving damages from the manufacturers for failure to warn…the filings in a case on Paxil against SmithKline Beecham [now named GSK] included an unpublished company study of incidents of serious aggression in 80 patients, of which 25 resulted in homicide. In one case, a man aged 74 strangled his wife, and another was 66 when he became delusional on Prozac and killed his wife who was found with 200 stab wounds.
>
> In 2001, for the first time, a jury found a pharmaceutical firm liable for deaths caused by an antidepressant. Donald Schell, aged 60, had been taking Paxil for just 48 hours when he shot and killed his wife, his daughter, his granddaughter and himself.
>
> Central to the case were SmithKline Beecham internal documents showing the company was aware that a small number of people could become agitated or violent from Paxil. Despite this knowledge, paroxetine packaging deliberately did not include a warning about suicide, violence or aggression.
>
> The internal documents, stamped “confidential,” list the results of tests involving more than 2,000 healthy volunteers taking either Paxil or placebo. Some volunteers experienced anxiety, nightmares, hallucinations and other side effects – definitely caused by the drug – within two days of taking it. Two volunteers attempted suicide after 11 and 18 days, respectively…Ten years after the verdict, GSK still denies that Paxil can cause people to commit homicide and suicide and that there are withdrawal problems.

Typically, American courts are more likely to rule in favor of the pharmaceutical company, and Donald Shell was a lucky exception. For example consider the three following cases:

> Christopher Pittman became manic and shot his two grandparents to death two days after his dose of Zoloft had been doubled. Despite being only 12 years old when he did this, he was sentenced to 30 years of prison.
>
> David Crespi was on Prozac and three other drugs, which he had taken for a couple of weeks, when he killed his two twin daughters with a knife. He pleaded guilty to avoid the death penalty and got a life sentence with no chance of parole, although he became his old self after coming off the drugs.
>
> Kurt Danysh was 18 years old when he was inappropriately prescribed Prozac by a general practitioner . He became restless and violent and shot his father, the person he loved the most, 17 days later in a totally out-of-character mood. Kurt had no history of violence prior to Prozac, but in 1996, he was convicted of murdering his father and sentenced to 22.5 to 60 years in prison. During this case, Eli Lilly lied in court, and claimed that Prozac would not cause aggressive behaviour resulting in his conviction. Later in 2004 when it was exposed Lilly had concealed data from 1988 showing Prozac caused violence, the FDA recognized that SSRIs can cause violent behaviour, particularly in children and adolescents. Despite these events and dozens of cases of homicide linked to Prozac that had subsequently been reported to the FDA, the judge has dismissed all appeals, and it took 24 years of legal work and petitioning for Kurt to finally be released from prison.



I had a wrongful death, failure to warn lawsuit against Pfizer. Through the lawsuit we were able to get documents out from under confidentiality seal showing Pfizer and FDA long knew about the risk of suicide. One document was particularly difficult for me to see in black and white. It was an email exchange between foreign regulators and Pfizer's Chief Medical Officer about patients complaining of "standing outside their bodies looking in." ← **This is a big deal.**

In the early days soon after filing my lawsuit, Pfizer sent out investigators to snoop around my life. They talked to my next-door neighbors about Woody and even bypassed the legal process and improperly sent my grief counselor a "subpoena" for her case notes on me. Thankfully, I learned that Pfizer did this and we were able to stop them.

Note: Pfizer's manual that was used to criminally convict victims of its SSRI so the market for it could be protected from public scrutiny can be viewed here. Having reviewed it, I can state with certainty Pfizer included statements known to Pfizer to be false at the time this was written. If you have time after you finish reading this article, I would highly recommend reading Pfizer's prosecutor manual so you can see just what vintage early 1990s gaslighting looked like (it is quite a bit more sophisticated now).

Additionally, the judgement from Witczak's lawsuit against Pfizer can be viewed here and many more appalling stories from whistleblowers within Pfizer can be viewed here and here.

Gøtzsche also notes the Canadian court system is more considerate of pharmaceutical homicide. For example:

> *In 2011 a Canadian judge ruled that Prozac induced a 16-year old boy to commit murder; he knifed a friend to death. In another case David Carmichael, who killed his 11-year old son while on antidepressants, was ruled "not criminally responsible on account of a mental disorder," and today, Carmichael writes and speaks on the dangers of antidepressants.*

Because many of the difficult to believe topics I cover on this substack are much more common than most realize, I periodically have readers with direct experience of the events highlighted within the articles here. This comment from a reader after the article was published highlights why I have repeatedly emphasized the importance of not abruptly discontinuing an SSRI:

> In the early 90's (can't remember the exact year) I personally knew and was involved with the family of the 66 year old man you mentioned that stabbed his wife over 200 times then killed himself. We were all members of a small community church and we used to go to

> their house for Bible study. His children sued Eli Lilly (not for the money , they became quite wealthy) but to have Prozac labeled with all these warnings .The saddest thing was that if they knew there was any chance this could happen when he stopped the drug, they would have hired round the clock in home care to be sure he was doing ok. They had the means to do whatever it would have taken to be safe during that time but they just didn't have the knowledge . It was the saddest time that will always be with me.

Note: I also have met people directly affected by SSRI violence.

Mass Shooting and Psychiatric Medications

In the 1990s, school shootings transitioned from being very rare to a frequent facet of American life. As this timeline overlaps with the entrance of SSRIs to the US market, many articles have evaluated the link between mass shootings and psychiatric medications. I will quote a one of the more comprehensive summaries (written in 2013) which attempted to analyze all known mass shootings:

> •Eric Harris age 17 (first on Zoloft then Luvox) and Dylan Klebold aged 18 (Columbine school shooting in Littleton, Colorado), killed 12 students and one teacher and wounded 23 others, before killing themselves. Klebold's medical records have never been made available to the public.
>
> •Jeff Weise, age 16, had been prescribed 60 mg/day of Prozac (three times the average starting dose for adults!) when he shot his grandfather, his grandfather's girlfriend and many fellow students at Red Lake, Minnesota. He then shot himself. Ten dead, 12 wounded.
>
> •Cory Baadsgaard, age 16, Wahluke (Washington state) High School, was on Paxil (which caused him to have hallucinations) when he took a rifle to his high school and held 23 classmates hostage. He has no memory of the event.
>
> •Christopher Pittman, age 12, murdered both his grandparents while taking Zoloft.
>
> •Kip Kinkel, age 15, (on Prozac and Ritalin) shot his parents while they slept then went to school and opened fire, killing two classmates and injuring 22 shortly after beginning Prozac treatment.

> •Luke Woodham, age 16 (Prozac) killed his mother and then killed two students, wounding six others.
>
> •A boy in Pocatello, ID (Zoloft) in 1998 had a Zoloft-induced seizure that caused an armed standoff at his school.
>
> •Michael Carneal (Ritalin), age 14, opened fire on students at a high school prayer meeting in West Paducah, Kentucky. Three teenagers were killed, five others were wounded.
>
> •Andrew Golden, age 11, (Ritalin) and Mitchell Johnson, aged 14, (Ritalin) shot 15 people, killing four students, one teacher, and wounding ten others.
>
> •TJ Solomon, age 15, (Ritalin) high school student in Conyers, Georgia opened fire on and wounded six of his classmates.
>
> •James Wilson, age 19, (various psychiatric drugs) from Breenwood, South Carolina, took a .22 caliber revolver into an elementary school killing two young girls and wounding seven other children and two teachers.
>
> •Elizabeth Bush, age 13, (Paxil) was responsible for a school shooting in Pennsylvania
>
> •Jason Hoffman (Effexor and Celexa) – school shooting in El Cajon, California
>
> •Neal Furrow (Prozac) in LA Jewish school shooting reported having been court-ordered to be on Prozac along with several other medications.
>
> •Hammad Memon, age 15, shot and killed a fellow middle school student. He had been diagnosed with ADHD and depression and was taking Zoloft and "other drugs for his conditions."
>
> •Matti Saari, a 22-year-old culinary student, shot and killed nine students and a teacher, and wounded another student, before killing himself. Saari was taking an SSRI and a benzodiazapine.
>
> •Steven Kazmierczak, age 27, shot and killed five people and wounded 21 others before killing himself in a Northern Illinois University auditorium. According to his girlfriend, he had recently been taking Prozac, Xanax, and Ambien. Toxicology results showed that he still had trace amounts of Xanax in his system.

> •Finnish gunman Pekka-Eric Auvinen, age 18, had been taking antidepressants before he killed eight people and wounded a dozen more at Jokela High School – then he committed suicide.
>
> •Asa Coon from Cleveland, age 14, shot and wounded four before taking his own life. Court records show Coon was on Trazodone.
>
> •Jon Romano, age 16, on medication for depression, fired a shotgun at a teacher in his New York high school.

The article also discussed a few recent school shootings where the information to determine if a psychiatric medication was used was not available:

> •*What drugs was Jared Lee Loughner on, age 21…… killed six people and injuring 14 others in Tuscon, Az?* [I was unable to locate any information on this case]
>
> •*What drugs was James Eagan Holmes on, age 24….. killed 12 people and injuring 59 others in Aurora Colorado?* [Holmes was on Zoloft, which likely triggered violent behaviors in him in the weeks preceding the mass shooting, all of which his psychiatrist ignored.]
>
> •What drugs was Adam Peter Lanza on, age 20, Killed 26 and wounded 2 in Newtown Ct.? [Lanza was later confirmed to have been prescribed Celexa in the past and was on a questionable antipsychotic, fanapt, known for inducing violent behavior at the time of the shooting].

Since the time that article was published, there have been five additional large school shootings:

•Christopher Harper-Mercer (2015) who killed 10 was likely on psychiatric medication but there is no definitive proof.

•Nikolas Cruz (2017) who killed 17 was likely on psychiatric medication but there is no definitive proof.

•Dimitrios Pagourtzis (2018) who killed 10 was probably not on a psychiatric medication. His attorney said he was not (which may have been a deceitful legal maneuver, but most likely was the truth), while the president of the NRA said he was (and I was not able to determine his basis for this assertion).

•For Salvador Ramos (2022) who recently killed 22, there have been many posts stating he was on antidepressants, but while there is some circumstantial evidence suggesting this, there is presently no reliable information to confirm or deny it. For a more detailed summary of my thoughts on this matter, please see this comment.

•With the recent school shooter Audrey Hale, most of the focus has been on the shooter presumably taking testosterone, as this can trigger aggression. While like many things, this *potentially explains* what happened, in the reports I found where testosterone led to homicidal behavior, it required a pre-existing psychiatric illness (which would typically be treated with a violence inducing psychiatric medication) to also be present. Since a clear link has already been established to psychiatric medications causing this behavior (and based on the shooter's background it is likely some were prescribed), I would suggest that until more information becomes known, the standard psychiatric medication violence it is a more probable explanation for the recent tragic events.

Conclusion:

While the tendency to provoke violence toward others is a major issue with SSRIs and other related medications, it is rarely considered a side effect of these drugs. One reason for this is that the other severe adverse effects from these medications are much more common (for example, SSRIs are the most common cause of bipolar I) and as a result, these awful effects occupy a disproportionate focus when discussing their toxicity. I however focused on this issue, because like the sudden deaths caused by the COVID-19 vaccines, it is so unmistakable and concerning it cuts through any the ambiguity over what the drug/vaccine is doing.

Sadly, In addition to SSRIs extremely damaging, it is very questionable if for most people these drugs have any benefit beyond statistical artifacts created by biased corporate research studies (*note: there are a variety of metabolic causes of depression, one of which responds to SSRIs and I believe this subset accounts for the significant benefit a minority of users experience from SSRIs even though more benefit is obtained from treating the metabolic cause*).

To illustrate how illusory the benefits are: John Virapen, the pharmaceutical executive largely responsible for bringing these drugs to market, later revealed that after exploring if Prozac could be used to treat depression, Eli-Lilly discovered it had a much more lucrative side effect —it caused patients to lose weight. Unfortunately, since this concrete metric would be much more difficult to prove, Lilly decided to pursue approving the drug based on a subjective

metric that would be easier to fabricate the data to substantiate, and then pivot to using it for obesity once it was approved (this is a common industry tactic). Sadly, as Virapen detailed in his memoir, before its approval, the evidence showing Prozac worked for depression was atrocious while abundant evidence existed for its harm.

This then raises the question: how could these drugs have possibly been approved and kept on the market?

In the previous series on the (proven) corruption in the COVID-19 response, I tried to illustrate that the conduct of the federal government was beyond egregious and that they were following a very similar corrupt playbook that existed long before COVID-19. Both the vaccines and Prozac (and their subsequent iterations) should have never been approved, but they were approved due to an incestuous and meticulously woven web of corruption that went to the very top of the federal government.

The number one goal of the pharmaceutical business is to produce markets for expensive drugs which will be indefinitely taken by the majority of the population. Psychiatric medications and the COVID-19 vaccinations represent two of the most lucrative fulfillments of these business objectives. I believe that the extreme potential profit they hold incentivized and enabled their pharmaceutical manufacturers to remove all regulatory obstacles to these drugs entering widespread adoption.

The major difference now is that the COVID vaccinations have complete legal immunity. On one hand, this means the manufacturers have no concern for the potential toxicity of their medications. More importantly, however, this means it will never be possible to force the manufacturers to disclose their privately conducted studies showing the actual harms of the medications. We cannot rely on the federal government to do so either, because the entire HHS has been complicit in gaslighting the entire population.

The primary reason we know most of the harms associated with SSRIs is because they were toxic enough to severely harm a large number of people who subsequently were sufficiently motivated to fight the drug companies in court (very few drugs have caused enough damage to mobilize this type of response). If it were possible to sue Pfizer, Moderna, or J&J directly, most of that information would already be public knowledge. Rather, we can only sue the federal government, which is a protracted process, where at best, we can only get breadcrumbs of the truth.

One of the reasons I was able to accurately predict and understand all of the shenanigans that would be done to force the COVID vaccine through was because I was intimately familiar with what happened with the SSRIs. With these drugs, because of a courageous whistleblower (John Virapen) and documents released in court, it is possible to gain an intimate understanding of how these companies operate and the specific forms of fraud they commit.

Put differently, extensive bribery, deliberate falsification of clinical trial data, the highest leaders within the government being quarterbacks for these drugs, and the FDA doing everything it could to conceal adverse events has been proven to have occurred for the SSRIs and are discussed in part 2 of this series (a revised version was written with Kim Witczak's help):

Pierre Kory's Medical Musings

How the FDA Buried the Dangers of Antidepressants

I stopped working as a system doctor for several reasons, one of which is that I was horrified at what was being done to patients. From before and since that time, I've discovered how many medications have created profound consequences for many I've crossed paths with...

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I believe what happened with the SSRIs is critical to review because the historical record of the FDA's malfeasance with these drugs is the closest parallel we have to what happened with the COVID vaccines. Both were pushed onto the market and then protected continually despite a deluge of evidence starting the second they entered the market which showed they needed to be pulled from the market immediately. Observing how this was handled over **decades** provides a valuable guide for predicting how the vaccine disaster will be handled in the years to come and how to prevent them from being shielded like the SSRIs were.

Pfizer used the FDA to intervene in Baum Hedlund's civil lawsuits. It was discovered that Pfizer paid industry defense lawyer Dan Troy $300k for some legal work shortly before he was appointed FDA Chief Counsel by President Bush. In his new role at the FDA, Dan Troy was the mastermind behind the FDA preemption amicus "friend of the court" brief intervening on behalf of pharmaceutical companies in civil lawsuits. The brief argued that because drug was FDA approved, the lawsuits were "preempted" and should be dismissed. *This was sourced from Kim Witczak*

Finally, the time this article was published, leaders in the conservative media have begun to discuss the subject of the connection between SSRIs and Mass shootings. This is very encouraging and it is my hope we may, at last, be starting to move toward addressing this issue.

One of the most common arguments used to dismiss the link between psychiatric medication and violent behavior is the notion that the people who have mental illness are the ones who receive those medications, so the correlation observed may be due to the pre-existing mental illness rather than the medication. As this article has shown, many people (and quite a few readers) who were completely normal prior to the SSRI developed those tendencies after they started the medication.

However, there is also a more important piece of evidence. SSRI caused violence was repeatedly detected in the clinical trials for these drugs, but covered up by both the pharmaceutical industry and the FDA. As discussed in the above article, it only became known because lawsuits forced the manufactures to reveal it.

As we conclude, I recognize that this is an immensely challenging subject and I appreciate you for being able to maintain a level head while reading it. Thank you for the time and focus you have given to this topic and for sharing it with others who can benefit from it. Lastly, I know this is already been stated, **but do not attempt to stop taking an SSRI without the assistance of a physician who understands how to taper them.** Very bad things can happen if you do not follow that advice.

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Kim Witczak Writes (UN)Acceptable Collateral Damage Mar 29 Pinned

Until FDA and society is ready to investigate the link between antidepressants and suicide and violence. We will keep finding ourselves asking the question why?

I was intimately involved helping get blackbox suicide warnings on the drugs in 2004 and 2006 after the death of my husband. He was given Zoloft for insomnia and hung himself 5 weeks after given the drug. He was not depressed or have history of depression. The only medication on was Zoloft. We also had a lawsuit to get documents out from under seal. The FDA, Pfizer and other drug companies have long known about risk.

Did you know Pfizer helped create a Zoloft Prosecutor Manual in 1993 to be used in cases where someone claimed a Zoloft defense?

Who knew there was a 1991 fda hearings on the link between the emergence of suicide and violence on Prozac? The FDA did nothing and virtually all members of fda committee got funding from companies making these drugs.

Of the nearly 410 psychiatric drug warnings today, 27 warn of violence, aggression, hostility, mania, psychosis or homicidal ideation and 49 warn of self-harm or suicide/suicidal ideation.

Every time there is another mass shooting or high-profile murder/suicide, society keeps asking why and guns are often pinned as the culprit. It is high time that we seek to try understanding what may be behind these acts of violence in our communities. Could they be connected to the dangerous side effects associated with psychotropic drugs?

I am heartbroken for the families and fear for our society. We should all want to at least investigate because anyone of us could be the next sitting ducks.

Follow my work at kimwitczak.com or my substack at

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23 replies by A Midwestern Doctor and others

Kayla Wildman Mar 29 Pinned

William Walsh and colleagues studied 50 school shooters and concluded that 42 fit a particular pattern of metabolic disorder and psychiatric drug history. The 42 were in Walsh's category of "low folate depressives", which Walsh also describes as "overmethylators." SSRIs can be helpful for undermethylators, but they make overmethylators worse. The pattern Walsh saw was that each of these 42 kids had become depressed, and had been taken to a doctor and put on an SSRI. The depression didn't improve, so the kid was taken back to the doctor, who raised the dose of the SSRI. And then the kid went berserk and shot up a school.

Walsh's book "Nutrient Power: Heal Your Biochemistry and Heal Your Brain" is excellent if you want to understand Walsh's decades-long research on metabolic/biochemical factors in mental illness and his protocols for correcting brain chemistry using individualized programs of nutritional supplements. Unfortunately, he doesn't describe his school shooter study in the book.. He discusses it briefly in a presentation titled "Advanced Nutrient Therapies for Brain Disorders" which you can find at this youtube link: https://www.youtube.com/watch?v=pHT3iN_jJfc

LIKE (38) REPLY ...

7 replies by A Midwestern Doctor and others

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